CENTERS FOR DISEASE CONTROL

October 24, 1986 / Vol. 35 / No. 42

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

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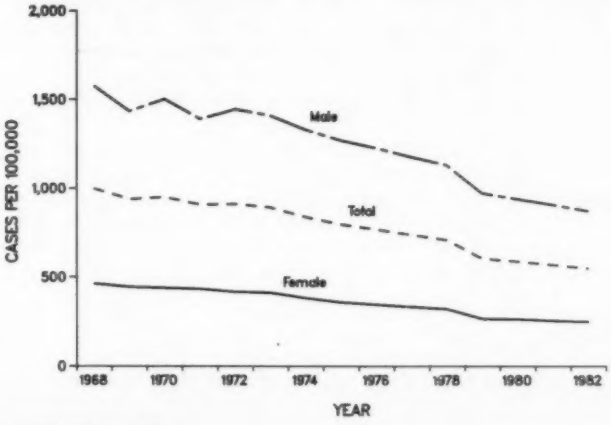
Years of Life Lost from Cardiovascular Disease

Cardiovascular diseases (CVD) (ICD 390-398, 402, 404-429) remain the leading cause of death in the United States, despite a persistent decline in the mortality rate of about 2% per year since 1968 (see Table V). CVD ranks third in years of potential life lost (YPLL) prior to age 65, a measure that generally highlights death in the early years. This ranking reflects the large number of people who die prematurely from ischemic heart disease (IHD) (ICD 410-414). Other categories of CVD accounting for YPLL are acute rheumatic fever (ICD 390-392), chronic rheumatic heart disease (ICD 393-398), hypertensive disease (ICD 401-405), diseases of pulmonary circulation (ICD 415-417), and other forms of heart disease (ICD 420-429).

Total YPLL, as well as YPLL for men and women, has continued to decline since 1968 (Figure 1). In 1983, the most recent year for which complete age-, sex-, race-, and cause-specific mortality data are available, CVD accounted for 1,620,219 YPLL before age 65; this represents 16% of YPLL for all causes of death in 1983 (*1*). IHD accounted for 1,001,875

FIGURE 1. Rate* of years of potential life lost (YPLL) from ischemic heart disease (IHD), by year — United States, 1968-1982



*Adjusted to 1970 U.S. population

Cardiovascular Disease — Continued

YPLL (62% of all CVD). Thus, IHD alone would rank as the fourth highest cause of YPLL behind unintentional injuries, malignant neoplasms, and suicide.

In 1983, white males continued to account for a majority (67%) of YPLL from IHD, followed by white females (18%), black males (9%), black females (5%), and all others (1%). However, the crude rates of YPLL indicate similar risks for IHD mortality among white and black males (691 and 651 YPLL/100,000, respectively). The rate for black females was 1.75 times higher than that for white females (315 vs. 180 YPLL/100,000). Rates for males and females of other races were substantially lower than those for their white counterparts.

Reported by Behavioral Epidemiology and Evaluation Br, Div of Health Education, Center for Health Promotion and Education, Div of Chronic Disease Control, Div of Environmental Health Laboratory Sciences, Center for Environmental Health, CDC.

Editorial Note: Because data on trends for specific risk factors for IHD are not available, risk factor prevalences cannot be correlated with YPLL rates for IHD. However, changes in lifestyle factors have been related to the decline in total mortality from IHD (*2*). At present, prevention programs place considerable emphasis on smoking and hypertension. Two other risk factors—elevated cholesterol levels and low levels of physical activity—have received increasing attention in recent years, and are emerging as important targets for further control efforts.

Accurate laboratory measurement of serum cholesterol will be important in monitoring the effect of intervention programs. Substantial variation currently exists in the precision of routine cholesterol measurements. The National Committee on Clinical Laboratory Standards is collaborating with the National Heart, Lung and Blood Institute and with the Centers for Disease Control to conduct the National Cholesterol Standardization Program. This effort is a vital component of the National Cholesterol Education Program (*3*), which has as its overall goals the effective identification of, monitoring for, and treatment of persons with cholesterol abnormalities as cardiovascular risk factors.

In many studies, a sedentary lifestyle has been reported as an independent risk factor for IHD. Moreover, habitual physical activity is considered to be associated with a reduced risk of IHD (*4*). The effect of vigorous physical activity on IHD appears to be independent of the effects of other risk factors for IHD such as smoking and hypertension. There is also evidence for some important interactive effects between physical activity and other risk factors, especially hypertension and obesity. Animal models appear to confirm these findings and have demonstrated that physical activity may reduce IHD by delaying the development of atherosclerosis.

Current evidence supports policies that promote physical activity for the general population. However, important questions still remain concerning the intensity, duration, and frequency of physical activity required to confer protection. The *1990 Objectives for the Nation* recommend that by 1990, at least 60% of adults ages 18-65 years should participate in regular physical activity sufficient to produce moderate to high cardiorespiratory fitness (*6*). As of 1985, only 10%-20% of U.S. adults had attained that level of activity (*5*).

References

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Acquired Immunodeficiency Syndrome (AIDS) among Blacks and Hispanics — United States

In the period June 1, 1981-September 8, 1986, physicians and health departments in the United States notified CDC of 24,576 patients meeting the AIDS case definition for national reporting (*1-3*). Of these, 6,192 (25%) were black and 3,488 (14%) were Hispanic, whereas these groups represent only 12% and 6%, respectively, of the U.S. population (*4*). The proportion of cases by racial/ethnic group has remained relatively constant over time (Figure 2), but the number of reported cases of AIDS among persons of all racial and ethnic backgrounds continues to rise (Figure 3).

Adult Patients. The race and ethnicity was known for 24,102 adult AIDS patients ≥15 years of age*; 14,554 (60%) of these patients were non-Hispanic whites; 5,988 (25%), blacks; 3,411 (14%), Hispanics; and 149 (< 1%), members of other racial/ethnic groups. The overall cumulative incidences† for black and Hispanic adults were 3.1 and 3.4 times, respectively, that for whites (Table 1).

Black and Hispanic adults with AIDS were more likely than white adult AIDS patients to reside in New York, New Jersey, or Florida: 62% and 65% of the black and Hispanic patients, respectively, resided in these three states, as did 33% of white patients. Cumulative incidences in these states for blacks and Hispanics were from 2.5 to 9.0 times those for whites. Of the black and Hispanic patients from New York and New Jersey, approximately half were intravenous (IV) drug abusers. Of the black patients from Florida, 40% were born in Haiti.

Among men, blacks and Hispanics accounted for 23% and 14%, respectively, of the 22,468 male AIDS patients. However, among women, blacks and Hispanics accounted for 51% and 21%, respectively, of the 1,634 female patients. Cumulative incidences for black and Hispanic women were 13.3 and 11.1 times, respectively, the incidence for white women.

The distribution of AIDS cases by race/ethnicity differed by recognized transmission categories for AIDS (Table 2). Homosexual or bisexual men who had AIDS and patients who acquired AIDS from blood or blood products were predominately white, whereas patients with a history of IV drug abuse or heterosexual contact with persons at increased risk for acquiring AIDS, and persons with no identified mode of transmission were predominately black or Hispanic. The proportion of blacks or Hispanics with AIDS was relatively high (in terms of their proportions in the overall U.S. population) in all transmission categories with the exception of hemophilia.

The racial/ethnic distribution of homosexual/bisexual patients differed from that of heterosexual patients. Among homosexual/bisexual male AIDS patients, 16% were black; 11%, Hispanic; and 73%, white. Among heterosexual AIDS patients in all other transmission categories, 50% were black; 25%, Hispanic; and 25%, white.

Pediatric Patients. Of the 350 AIDS patients who were children (i.e., < 15 years of age) and whose race/ethnicity was known, 204 (58%) were black and 77 (22%) were Hispanic. The overall cumulative incidences for black and Hispanic children were 15.1 and 9.1 times, respectively, the incidence for white children (Table 1).

As with black and Hispanic adult AIDS patients, black and Hispanic children with AIDS were more likely than white children with AIDS to reside in New York, New Jersey, or Florida (Table 1). Of the black and Hispanic children with AIDS, 73% and 70%, respectively, lived in New York, New Jersey, or Florida. Of the 68 white children with AIDS, 40% also lived in one of those three states.

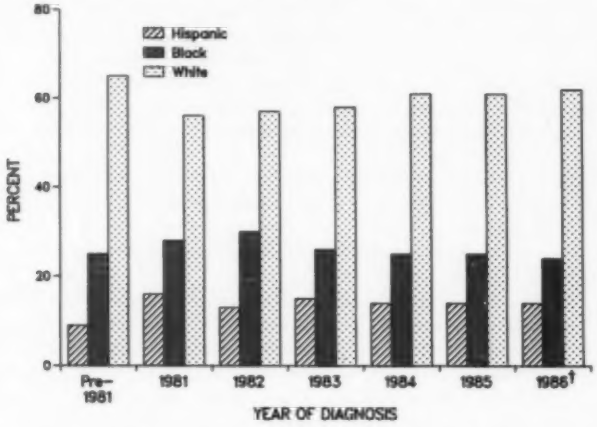
The distribution of pediatric AIDS cases by race/ethnicity varied by transmission category.

*Because U.S. census data for the Hispanic population are only available for 5-year age groups, the adult patients have been defined as those ages ≥15 years and pediatric as those < 15 years of age.

†Defined as number of cases/million population of that racial/ethnic group.

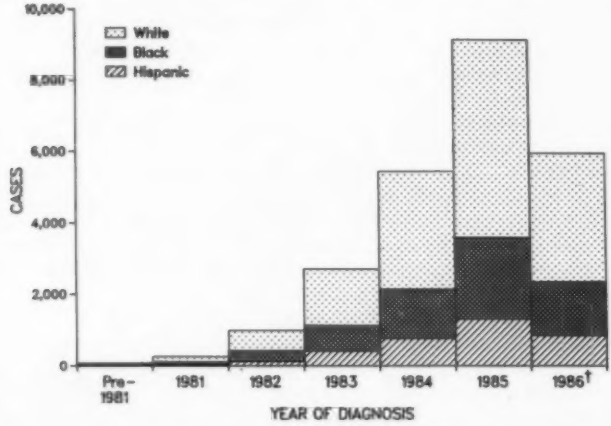
AIDS – Continued

FIGURE 2. Percentage of acquired immunodeficiency syndrome (AIDS) cases,* by year of diagnosis and race — United States, pre-1981-1986



*Reported as of September 8, 1986, and excludes 153 AIDS patients (<) of other race.
†Incomplete year.

FIGURE 3. Acquired immunodeficiency syndrome (AIDS) cases,* by year of diagnosis and race — United States, pre-1981-1986



*Reported as of September 8, 1986, and excludes 153 AIDS patients (< 1%) of other race.
†Incomplete year.

**Table 1. Reported cases and cumulative incidence* of AIDS, by
1986**

| Location | Demographic
Adults (≥ 15 yrs.) | | | | Adult
total |
|---|---|---|---|---|---|
| | White† | Black† | Hispanic | Other† | |
| California | | | | | |
| number | 4,402 | 525 | 531 | 65 | 5,52 |
| (cum. inc.) | (340.1) | (399.8) | (173.2) | (54.5) | (298.3 |
| Florida | | | | | |
| number | 761 | 599 | 208 | 2 | 1,57 |
| (cum. inc.) | (122.7) | (655.4) | (305.4) | (27.8) | (199.5 |
| New Jersey | | | | | |
| number | 559 | 695 | 187 | 4 | 1,44 |
| (cum. inc.) | (118.9) | (1,074.2) | (551.6) | (41.2) | (249.7 |
| New York | | | | | |
| number | 3,531 | 2,427 | 1,836 | 35 | 7,82 |
| (cum. inc.) | (331.4) | (1,439.5) | (1,573.3) | (108.7) | (566.(|
| Other states | | | | | |
| number | 5,301 | 1,742 | 649 | 43 | 7,73 |
| (cum. inc.) | (49.0) | (123.8) | (138.6) | (18.3) | (59.(|
| **Total** | | | | | |
| **number** | **14,554** | **5,988** | **3,411** | **149** | **24,10** |
| **(cum. inc.)** | **(102.0)** | **(321.5)** | **(343.4)** | **(36.9)** | **(137.(|

*The cumulative incidence (shown in parentheses) is the cumulative numb
(based on data from the 1980 census of the population of the United States)
†Non-Hispanic.

AIDS – Continued

, by state of residence and demographic group, as of September 8,

phic group (age and race/ethnicity)						
Adult	Children (< 15 yrs.)				Children	
total	White†	Black†	Hispanic	Other†	total	Total
5,523	8	7	7	0	22	5,545
298.3)	(2.8)	(14.9)	(4.7)	(0.0)	(4.3)	(234.3)
1,570	5	38	2	0	45	1,615
199.5)	(3.9)	(94.1)	(11.3)	(0.0)	(24.0)	(165.7)
1,445	12	31	8	0	51	1,496
249.7)	(10.7)	(118.8)	(52.3)	(0.0)	(32.3)	(203.2)
7,829	10	80	44	0	134	7,963
566.0)	(4.0)	(130.5)	(89.4)	(0.0)	(36.0)	(453.6)
7,735	33	48	16	1	98	7,833
(59.8)	(1.1)	(8.4)	(6.7)	(1.0)	(2.5)	(46.6)
24,102	**68**	**204**	**77**	**1**	**350**	**24,452**
(137.5)	**(1.8)**	**(27.3)**	**(16.5)**	**(0.6)**	**(6.8)**	**(107.9)**

number of reported AIDS cases/million population/individual demographic group ates).

AIDS – Continued

Ninety percent of the children with perinatally acquired AIDS compared with 42% of the children with hemophilia- or transfusion-associated AIDS were black or Hispanic (Table 3). The observation that children with perinatally acquired AIDS (mother-to-infant transmission) were predominately black or Hispanic (Table 3) is consistent with the high proportion (75%) of heterosexual adults who are black or Hispanic. As with adults, the proportion of pediatric patients who were black or Hispanic was highest in the transmission categories associated with IV drug abuse by at least one of the parents (Table 3).

Reported by AIDS Program, Center for Infectious Diseases, CDC.

Editorial Note: The incidence of AIDS is rising for all racial/ethnic groups, and in all geographic regions of the country. However, cumulative incidences of AIDS among blacks and Hispanics are over 3 times the rate for whites. Seroprevalence studies of military recruit applicants and of potential blood donors also indicate a higher prevalence of infection with human T-lymphotropic virus type III/lymphadenopathy-associated virus[¶] (HTLV-III/LAV)

[¶]The AIDS virus has been variously termed human T-lymphotropic virus type III (HTLV-III), lymphadenopathy-associated virus (LAV), AIDS-associated retrovirus (ARV), or human immunodeficiency virus (HIV). The designation "human immunodeficiency virus" (HIV) has recently been accepted by a subcommittee of the International Committee for the Taxonomy of Viruses as the appropriate name for the retrovirus that has been implicated as the causative agent of AIDS (*5*).

(Continued on page 663)

TABLE I. Summary—cases specified notifiable diseases, United States

Disease	42nd Week Ending			Cumulative, 42nd Week Ending		
	Oct. 18, 1986	Oct. 19, 1985	Median 1981-1985	Oct. 18, 1986	Oct. 19, 1985	Median 1981-1985
Acquired Immunodeficiency Syndrome (AIDS)	377	163	N	10,474	6,433	N
Aseptic meningitis	231	299	299	8,051	8,153	7,833
Encephalitis: Primary (arthropod-borne & unspec.)	27	41	44	961	1,043	1,240
Post-infectious	-	-	-	84	106	77
Gonorrhea: Civilian	17,881	17,095	19,846	713,742	716,749	727,998
Military	446	577	501	13,486	17,105	19,736
Hepatitis: Type A	448	496	496	17,882	18,073	18,073
Type B	467	550	506	20,591	20,874	19,196
Non A, Non B	64	73	N	2,792	3,327	N
Unspecified	66	110	174	3,611	4,823	5,912
Legionellosis	23	17	N	584	603	N
Leprosy	1	-	4	201	293	200
Malaria	26	22	22	900	847	847
Measles: Total*	25	17	17	5,625	2,574	2,335
Indigenous	24	17	N	5,345	2,147	N
Imported	1	-	N	280	427	N
Meningococcal infections: Total	32	40	43	1,993	1,934	2,220
Civilian	32	40	43	1,991	1,928	2,209
Military	-	-	-	2	6	11
Mumps	43	39	56	4,042	2,423	2,679
Pertussis	431	158	48	3,156	2,757	1,968
Rubella (German measles)	1	3	12	439	574	819
Syphilis (Primary & Secondary): Civilian	511	587	694	21,253	21,740	24,874
Military	2	2	7	132	141	316
Toxic Shock syndrome	5	9	N	280	310	N
Tuberculosis	329	406	460	17,595	17,096	18,826
Tularemia	7	2	4	123	152	228
Typhoid fever	5	9	21	251	312	326
Typhus fever, tick-borne (RMSF)	22	11	11	686	831	921
Rabies, animal	89	110	110	4,485	4,386	5,083

TABLE II. Notifiable diseases of low frequency, United States

	Cum 1986		Cum 1986
Anthrax	-	Leptospirosis	27
Botulism: Foodborne	11	Plague	7
Infant	40	Poliomyelitis, Paralytic	1
Other	1	Psittacosis (Minn. 1)	78
Brucellosis (Fla. 1, Calif. 2)	67	Rabies, human	-
Cholera	2	Tetanus	55
Congenital rubella syndrome (NYC 1)	10	Trichinosis	30
Congenital syphilis, ages < 1 year	107	Typhus fever, flea-borne (endemic, murine)	37
Diphtheria	-		

*One of the 25 reported cases for this week was imported from a foreign country or can be directly traceable to a known internationally imported case within two generations.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending October 18, 1986 and October 19, 1985 (42nd Week)

Reporting Area	AIDS	Aseptic Menin-gitis	Encephalitis		Gonorrhea (Civilian)		Hepatitis (Viral), by type				Legionel-losis	Leprosy
			Primary	Post-in-fectious			A	B	NA,NB	Unspeci-fied		
	Cum 1986	1986	Cum 1986	Cum 1986	Cum 1986	Cum 1985	1986	1986	1986	1986	1986	Cum 1986
UNITED STATES	10474	231	961	84	713,742	716,749	448	467	64	66	23	201
NEW ENGLAND	432	8	23	3	18,932	18,335	11	32	1	4	-	7
Maine	17	3	-	-	708	932	-	4	-	-	-	-
N H	10	1	2	-	456	461	-	-	-	-	-	-
Vt	4	1	4	2	217	265	-	-	-	-	-	-
Mass	237	3	5	-	7,223	7,427	5	22	-	4	-	7
R I	28	-	-	-	1,458	1,477	-	-	-	-	-	-
Conn	136	-	12	1	8,871	7,773	6	6	1	-	-	-
MID ATLANTIC	3,825	36	93	7	121,141	104,336	16	44	5	7	-	14
Upstate N Y	384	7	33	4	14,688	14,203	3	6	-	-	-	1
N Y City	2,607	3	18	-	69,807	51,636	1	2	-	5	-	12
N J	585	18	10	-	15,622	15,861	3	16	2	1	-	-
Pa	249	8	32	3	21,024	22,636	9	20	3	1	-	1
E N. CENTRAL	639	55	292	11	94,583	95,063	17	40	3	1	12	5
Ohio	131	28	111	3	24,249	25,283	9	17	3	1	2	-
Ind	59	4	73	3	10,153	10,222	3	5	-	-	10	-
Ill	300	-	42	4	23,447	23,002	-	-	-	-	-	4
Mich	116	23	45	1	29,853	27,207	5	18	-	-	-	1
Wis	32	-	21	-	6,881	9,349	-	-	-	-	-	-
W N. CENTRAL	199	8	84	9	30,623	33,419	2	8	1	-	2	3
Minn	72	2	27	-	4,387	4,980	1	1	-	-	-	1
Iowa	15	-	20	-	3,103	3,563	-	-	-	-	-	-
Mo	69	3	1	-	15,512	16,097	1	6	-	-	-	-
N Dak	2	-	3	-	264	234	-	-	-	-	-	-
S Dak	2	3	11	-	638	649	-	1	-	-	2	-
Nebr	10	-	-	1	2,256	2,841	-	-	-	-	-	-
Kans	29	-	2	8	4,463	5,055	-	-	1	-	-	2
S ATLANTIC	1,430	40	124	31	184,887	186,550	33	98	8	2	3	2
Del	20	2	6	-	3,070	3,589	1	1	1	-	-	-
Md	123	13	28	1	21,442	23,339	6	9	1	-	-	-
D C	170	-	-	1	13,658	12,635	1	1	-	1	-	-
Va	125	2	34	1	15,278	15,600	2	8	1	-	-	1
W Va	7	3	38	-	1,827	2,145	1	3	-	-	1	-
N C	63	3	16	2	28,336	29,517	-	9	1	1	-	-
S C	36	-	-	-	16,076	17,799	2	20	-	-	1	-
Ga	198	9	-	1	30,762	36,933	3	24	-	-	1	-
Fla	688	8	2	25	54,438	44,993	17	23	4	-	-	1
E S CENTRAL	122	21	58	4	57,471	61,420	4	22	2	2	1	1
Ky	25	5	28	1	6,335	7,034	-	3	-	-	-	-
Tenn	59	8	7	1	21,948	23,489	2	12	1	2	-	-
Ala	23	7	22	2	16,690	18,441	2	4	1	-	1	1
Miss	15	1	1	-	12,498	12,456	-	3	-	-	-	-
W S. CENTRAL	923	20	143	6	83,664	90,666	29	21	3	12	4	19
Ark	27	1	-	2	7,920	8,639	2	5	-	-	-	1
La	125	3	9	-	14,904	17,334	5	3	1	-	-	1
Okla	38	4	19	-	9,658	9,899	5	5	1	3	1	-
Tex	733	12	115	4	51,182	54,794	17	8	1	9	3	17
MOUNTAIN	275	4	29	1	21,209	22,411	72	46	7	5	-	11
Mont	4	-	1	1	567	607	4	-	1	-	-	-
Idaho	3	1	-	-	693	769	7	3	-	-	-	-
Wyo	4	-	2	-	453	523	-	2	1	-	-	-
Colo	132	1	4	-	5,450	6,522	3	10	1	2	-	3
N Mex	21	1	3	-	2,256	2,513	20	4	-	-	-	-
Ariz	68	-	11	-	6,778	6,681	33	19	4	3	-	5
Utah	15	1	6	-	881	1,072	2	4	-	-	-	1
Nev	28	-	2	-	4,131	3,724	3	4	-	-	-	2
PACIFIC	2,630	39	135	12	101,232	104,549	284	156	34	33	1	139
Wash	140	1	11	-	7,425	8,090	34	25	3	7	-	17
Oreg	50	-	-	-	4,324	5,276	26	20	2	-	-	-
Calif	2,388	30	117	12	86,255	87,355	197	106	29	22	1	92
Alaska	12	-	6	-	2,190	2,422	7	5	-	4	-	-
Hawaii	40	8	1	-	1,038	1,406	-	-	-	-	-	30
Guam	-	-	-	-	167	164	4	1	-	5	-	1
P R	77	3	5	1	1,934	2,587	1	-	-	1	-	7
V I	3	U	-	-	199	351	U	U	U	U	U	-
Pac. Trust Terr	-	-	-	-	400	706	10	-	-	-	-	43
Amer Samoa	-	-	-	-	42	-	-	-	-	-	-	2

N: Not notifiable U: Unavailable

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending October 18, 1986 and October 19, 1985 (42nd Week)

Reporting Area	Malaria	Measles (Rubeola)					Menin-gococcal infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported *		Total									
	Cum 1986	1986	Cum 1986	1986	Cum 1986	Cum 1985	Cum 1986	1986	Cum 1986	1986	Cum 1986	Cum 1985	1986	Cum 1986	Cum 1985
UNITED STATES	900	24	5,345	1	280	2,574	1,993	43	4,042	431	3,158	2,757	1	439	574
NEW ENGLAND	59	-	82	-	15	126	141	1	57	5	137	183	-	9	12
Maine	2	-	12	-	1	1	25	-	-	-	2	9	-	-	-
N.H.	3	-	43	-	-	-	6	-	13	2	70	104	-	1	2
Vt.	2	-	-	-	-	-	17	-	4	-	3	3	-	1	-
Mass.	31	-	24	-	12	118	34	1	10	3	32	44	-	4	6
R.I.	7	-	2	-	-	-	19	-	9	-	6	16	-	2	-
Conn.	14	-	1	-	2	7	40	-	21	-	24	7	-	1	4
MID ATLANTIC	117	1	1,686	-	33	217	323	2	177	-	173	182	-	34	221
Upstate N.Y.	44	-	77	-	23	85	107	1	59	-	109	96	-	26	17
N.Y. City	29	1	682	-	4	70	68	-	29	-	10	23	-	5	179
N.J.	20	-	905	-	4	28	30	1	44	-	17	10	-	3	11
Pa.	24	-	22	-	2	34	118	-	45	-	37	53	-	-	14
E.N. CENTRAL	56	-	1,051	-	28	535	272	15	2,740	2	322	662	1	45	32
Ohio	17	-	-	-	10	60	109	7	116	1	146	89	-	1	-
Ind.	2	-	25	-	11	57	28	-	34	-	26	188	-	-	1
Ill.	15	-	689	-	4	299	69	8	2,094	-	32	62	1	34	15
Mich.	18	-	59	-	-	60	57	-	275	1	34	44	-	8	15
Wis.	4	-	278	-	3	59	9	-	221	-	84	279	-	2	1
W.N. CENTRAL	29	-	322	-	17	11	94	5	107	403	899	183	-	13	19
Minn.	8	-	45	-	4	6	18	-	1	-	49	82	-	1	2
Iowa	1	-	133	-	1	-	11	2	32	-	19	28	-	1	1
Mo.	11	-	25	-	6	2	33	-	17	-	18	29	-	1	7
N. Dak.	-	-	25	-	1	2	-	-	3	-	5	9	-	1	2
S. Dak.	2	-	-	-	-	-	5	-	1	-	14	3	-	-	-
Nebr.	4	-	-	-	-	-	10	-	-	-	7	8	-	-	-
Kans.	3	-	94	-	5	1	17	3	53	403	787	24	-	9	7
S. ATLANTIC	106	16	663	-	56	319	355	2	201	6	701	489	-	13	51
Del.	1	-	1	-	-	-	4	-	-	-	227	1	-	-	1
Md.	14	-	26	-	9	107	44	-	18	-	161	269	-	-	6
D.C.	2	-	-	-	2	27	5	-	-	-	-	-	-	-	-
Va.	27	-	36	-	24	28	62	1	38	-	36	17	-	-	2
W. Va.	4	-	2	-	-	33	3	1	45	-	23	4	-	-	9
N.C.	5	-	3	-	1	9	58	-	20	-	66	27	-	-	1
S.C.	6	-	274	-	-	3	33	-	12	-	18	2	-	-	3
Ga.	10	-	79	-	14	8	53	-	28	6	128	89	-	-	-
Fla.	37	16	242	-	6	104	93	-	40	-	42	60	-	13	29
E.S. CENTRAL	18	-	58	-	9	7	107	7	42	-	47	50	-	4	3
Ky.	5	-	-	-	6	5	24	-	6	-	5	8	-	4	3
Tenn.	1	-	55	-	1	1	37	7	31	-	16	20	-	-	-
Ala.	8	-	1	-	1	-	33	-	4	-	25	18	-	-	-
Miss.	4	-	2	-	1	1	13	-	1	-	1	4	-	-	-
W.S. CENTRAL	92	1	605	-	38	433	182	3	184	3	220	428	-	63	36
Ark.	1	-	276	-	2	-	27	-	7	2	17	14	-	-	1
La.	17	-	4	-	-	42	25	-	3	-	13	13	-	-	-
Okla.	10	-	37	-	2	1	29	N	N	1	107	154	-	-	1
Tex.	64	1	288	-	34	390	101	3	174	-	83	247	-	63	34
MOUNTAIN	31	-	302	-	29	539	98	3	233	2	237	194	-	23	6
Mont.	-	-	-	-	8	137	10	-	5	-	14	9	-	2	-
Idaho	1	-	1	-	-	137	4	-	8	1	41	15	-	-	2
Wyo.	-	-	-	-	-	5	2	-	-	-	4	-	-	1	-
Colo.	8	-	2	-	8	13	16	1	13	1	63	72	-	1	-
N. Mex.	5	-	33	-	7	6	9	N	N	-	20	11	-	-	2
Ariz.	11	-	252	-	6	241	21	-	186	-	56	38	-	2	1
Utah	3	-	12	-	-	-	10	-	13	-	35	49	-	14	-
Nev.	3	-	2	-	-	-	26	2	8	-	4	-	-	3	1
PACIFIC	392	6	576	1	55	387	421	5	301	10	420	406	-	235	194
Wash.	26	-	137	-	27	113	58	-	10	1	139	71	-	16	14
Oreg.	15	-	7	-	4	5	31	N	N	-	12	43	-	3	1
Calif.	350	6	405	1†	23	245	311	5	265	9	253	246	-	211	130
Alaska	-	-	-	-	-	-	12	-	6	-	2	29	-	-	1
Hawaii	1	-	27	-	1	24	9	-	20	-	14	17	-	5	48
Guam	1	-	4	-	1	11	-	-	4	-	-	-	1	4	2
P.R.	4	-	36	-	-	63	3	-	32	2	17	11	1	61	27
V.I.	-	U	-	U	-	10	-	U	15	U	-	-	U	-	-
Pac. Trust Terr.	-	-	-	-	-	-	1	-	11	-	-	-	-	2	-
Amer. Samoa	-	-	2	-	-	-	-	-	5	-	-	-	-	1	-

*For measles only, imported cases includes both out-of-state and international importations.

N: Not notifiable U: Unavailable †International §Out-of-state

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending October 18, 1986 and October 19, 1985 (42nd Week)

Reporting Area	Syphilis (Civilian) - (Primary & Secondary)		Toxic-shock Syndrome	Tuberculosis		Tula-remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum 1986	Cum 1985	1986	Cum 1986	Cum 1985	Cum 1986	Cum 1986	Cum 1986	Cum 1986
UNITED STATES	21,253	21,740	5	17,595	17,096	123	251	686	4,485
NEW ENGLAND	394	476	-	565	590	1	14	13	8
Maine	17	13	-	34	40	-	-	-	-
N H	10	36	-	23	20	-	-	2	1
Vt	8	6	-	15	7	-	-	-	2
Mass	207	236	-	309	351	1	11	4	-
R I	21	14	-	41	47	-	-	3	3
Conn	131	171	-	143	125	-	3	4	2
MID ATLANTIC	3,007	2,945	-	3,506	3,113	1	21	31	563
Upstate N Y	150	224	-	494	541	-	4	19	74
N Y City	1,704	1,801	-	1,843	1,505	-	9	5	-
N J	528	563	-	594	425	1	7	2	17
Pa	625	357	-	575	642	-	1	5	472
E N CENTRAL	780	821	-	2,091	2,094	-	20	54	121
Ohio	101	125	-	368	361	-	7	48	14
Ind	93	71	-	230	259	-	2	-	17
Ill	351	381	-	877	923	-	3	2	35
Mich	141	191	-	518	432	-	6	4	24
Wis	94	53	-	98	119	-	2	-	31
W N CENTRAL	170	187	-	523	479	34	8	46	679
Minn	29	39	-	121	103	-	1	1	98
Iowa	6	17	-	46	49	1	-	1	154
Mo	90	98	-	260	229	26	6	23	67
N Dak	5	2	-	6	9	-	-	1	138
S Dak	7	5	-	23	26	2	-	6	141
Nebr	11	7	-	12	13	1	-	5	28
Kans	22	19	-	55	50	4	1	9	53
S ATLANTIC	6,435	6,344	-	3,484	3,476	9	42	314	1,132
Del	51	33	-	36	34	-	1	1	1
Md	369	380	-	256	308	2	15	28	516
D C	247	273	-	122	133	1	4	-	28
Va	290	239	-	282	332	2	9	48	166
W Va	19	20	-	102	91	-	3	9	38
N C	417	558	-	475	430	1	4	119	9
S C	560	670	-	447	434	-	-	70	60
Ga	1,217	1,119	-	595	585	3	-	37	167
Fla	3,265	3,052	-	1,169	1,129	-	6	2	147
E S CENTRAL	1,424	1,671	-	1,567	1,477	10	3	96	295
Ky	60	55	-	351	349	3	-	20	81
Tenn	504	523	-	457	428	5	1	40	109
Ala	433	536	-	494	448	1	1	22	103
Miss	427	557	-	265	254	1	1	14	2
W S CENTRAL	4,253	5,013	2	2,206	2,172	55	21	122	626
Ark	201	267	1	300	234	38	-	9	141
La	736	875	-	346	321	1	1	-	18
Okla	113	149	1	209	212	11	2	96	56
Tex	3,203	3,722	-	1,351	1,405	5	18	17	411
MOUNTAIN	563	572	-	421	438	10	15	9	591
Mont	6	6	-	24	46	1	1	4	190
Idaho	13	5	-	20	22	-	-	1	9
Wyo	2	7	-	-	5	-	-	1	246
Colo	108	145	-	34	53	3	1	3	29
N Mex	54	106	-	83	73	1	1	-	6
Ariz	195	258	-	201	200	-	8	-	93
Utah	15	8	-	29	12	4	3	-	7
Nev	70	37	-	30	27	1	1	-	11
PACIFIC	4,327	3,711	3	3,232	3,257	3	107	1	470
Wash	122	91	3	163	190	1	3	-	5
Oreg	92	84	-	107	107	-	-	-	-
Calif	4,082	3,479	-	2,773	2,726	1	99	1	457
Alaska	1	4	-	46	81	1	1	-	8
Hawaii	30	53	-	143	153	-	4	-	-
Guam	1	2	-	34	36	-	1	-	-
P R	723	698	-	288	295	-	5	-	41
V I	1	3	U	1	1	-	-	-	-
Pac. Trust Terr	213	100	-	60	61	-	46	-	-
Amer. Samoa	-	-	-	5	-	-	-	-	-

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending October 18, 1986 (42nd Week)

Reporting Area	All Causes, By Age (Years)						P&I** Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	653	465	108	49	15	15	48
Boston, Mass.	173	108	37	17	4	7	18
Bridgeport, Conn.	43	27	9	6	1	-	3
Cambridge, Mass.	24	18	4	2	-	-	3
Fall River, Mass.	24	21	3	-	-	-	-
Hartford, Conn.	62	39	14	8	1	-	7
Lowell, Mass.	27	20	5	1	-	1	2
Lynn, Mass.	27	22	4	1	-	-	3
New Bedford, Mass.	22	20	2	-	-	-	-
New Haven, Conn.	48	29	7	4	5	3	1
Providence, R.I.	67	52	9	4	-	2	3
Somerville, Mass.	7	7	-	-	-	-	-
Springfield, Mass.	33	25	6	-	1	1	2
Waterbury, Conn.	23	21	2	-	-	-	1
Worcester, Mass.	73	56	7	6	3	1	5
MID ATLANTIC	2,465	1,633	494	218	58	64	110
Albany, N.Y.	42	32	9	-	1	-	1
Allentown, Pa.	13	10	-	1	2	-	-
Buffalo, N.Y.	131	90	23	8	2	8	13
Camden, N.J.	21	12	4	3	1	1	-
Elizabeth, N.J.	25	15	5	4	1	-	-
Erie, Pa.†	36	30	5	-	-	1	2
Jersey City, N.J.	64	41	14	8	-	1	2
N.Y. City, N.Y.	1,317	848	263	142	30	34	55
Newark, N.J.	48	25	15	4	1	3	2
Paterson, N.J.	31	24	4	2	1	-	3
Philadelphia, Pa.	294	185	65	25	8	11	7
Pittsburgh, Pa.†	83	58	20	4	1	-	3
Reading, Pa.	36	23	11	1	1	-	3
Rochester, N.Y.	100	73	21	1	2	3	9
Schenectady, N.Y.	29	25	3	1	-	-	3
Scranton, Pa.†	31	21	5	5	-	-	1
Syracuse, N.Y.	83	61	13	5	2	2	3
Trenton, N.J.	31	19	9	3	-	-	1
Utica, N.Y.	28	23	3	-	2	-	1
Yonkers, N.Y.	22	18	2	1	1	-	1
E.N. CENTRAL	2,143	1,402	459	182	53	67	87
Akron, Ohio	49	38	11	-	-	-	-
Canton, Ohio	38	24	10	2	1	1	2
Chicago, Ill.§	564	362	125	45	10	22	16
Cincinnati, Ohio	118	77	24	8	4	5	14
Cleveland, Ohio	165	96	48	15	3	3	4
Columbus, Ohio	124	79	28	13	3	3	1
Dayton, Ohio	80	50	21	7	1	1	2
Detroit, Mich.	250	151	51	32	7	9	6
Evansville, Ind.	43	28	14	2	-	1	2
Fort Wayne, Ind.	63	45	12	2	3	1	1
Gary, Ind.	16	10	5	1	-	-	-
Grand Rapids, Mich.	39	28	7	2	1	1	7
Indianapolis, Ind.	121	76	22	11	4	8	7
Madison, Wis.	30	21	5	1	2	1	2
Milwaukee, Wis.	125	85	24	5	6	5	2
Peoria, Ill.	45	33	4	3	2	3	3
Rockford, Ill.	45	34	9	1	1	-	5
South Bend, Ind.	57	40	11	3	2	1	3
Toledo, Ohio	108	79	19	6	2	2	6
Youngstown, Ohio	63	48	11	3	1	-	4
W.N. CENTRAL	792	558	144	45	13	32	42
Des Moines, Iowa	54	41	6	5	1	1	4
Duluth, Minn.	22	17	4	-	1	-	-
Kansas City, Kans.	39	24	9	6	-	-	2
Kansas City, Mo.	137	89	34	5	2	7	10
Lincoln, Nebr.	30	20	3	-	1	-	5
Minneapolis, Minn.	154	119	25	4	2	4	5
Omaha, Nebr.	98	61	16	8	3	9	8
St. Louis, Mo.	147	97	28	9	2	11	6
St. Paul, Minn.	56	43	6	6	-	1	1
Wichita, Kans.	55	41	11	2	1	-	1
S. ATLANTIC	1,146	676	284	103	39	44	45
Atlanta, Ga.	144	78	32	19	5	10	3
Baltimore, Md.	196	120	50	14	3	9	9
Charlotte, N.C.	89	48	26	7	3	5	2
Jacksonville, Fla.	108	61	30	9	5	3	3
Miami, Fla.	126	71	30	11	7	7	-
Norfolk, Va.	50	25	19	4	1	1	4
Richmond, Va.	65	44	17	2	2	1	5
Savannah, Ga.	24	14	7	2	1	-	1
St. Petersburg, Fla.	108	87	14	5	1	1	9
Tampa, Fla.	56	30	13	6	5	2	4
Washington, D.C.	162	88	42	21	6	5	5
Wilmington, Del.	17	10	4	3	-	-	-
E.S. CENTRAL	806	487	180	54	30	55	40
Birmingham, Ala.	100	68	22	3	2	5	2
Chattanooga, Tenn.	72	50	13	5	4	-	4
Knoxville, Tenn.	74	52	16	1	3	2	4
Louisville, Ky.	69	37	17	7	3	5	3
Memphis, Tenn.	287	144	64	33	12	34	16
Mobile, Ala.	52	38	11	-	1	2	4
Montgomery, Ala.	25	16	9	-	-	-	1
Nashville, Tenn.	127	82	28	5	5	7	6
W.S. CENTRAL	1,348	771	328	143	55	51	48
Austin, Tex.	46	32	9	3	1	1	3
Baton Rouge, La.	37	25	4	5	1	2	2
Corpus Christi, Tex.	36	24	10	1	1	-	-
Dallas, Tex.	198	99	56	30	8	5	4
El Paso, Tex.	52	38	10	4	-	2	5
Fort Worth, Tex.	97	58	22	6	6	7	2
Houston, Tex.	315	158	84	44	16	13	9
Little Rock, Ark.	77	42	17	7	4	7	6
New Orleans, La.	121	70	30	15	4	2	-
San Antonio, Tex.	195	113	49	18	9	6	11
Shreveport, La.	80	48	19	8	2	3	3
Tulsa, Okla.	94	68	18	2	3	3	3
MOUNTAIN	627	397	126	39	32	33	36
Albuquerque, N.Mex.	79	46	17	10	3	3	4
Colo. Springs, Colo.	26	19	4	2	1	-	2
Denver, Colo.	110	69	19	5	6	11	6
Las Vegas, Nev.	91	50	21	8	8	4	2
Ogden, Utah	27	22	3	1	-	1	6
Phoenix, Ariz.	133	77	32	5	10	9	9
Pueblo, Colo.	30	24	5	-	1	-	4
Salt Lake City, Utah	48	26	12	5	2	3	1
Tucson, Ariz.	83	64	13	3	1	2	2
PACIFIC	1,689	1,092	350	139	50	55	101
Berkeley, Calif.	25	16	4	4	1	-	6
Fresno, Calif.	85	57	21	4	-	3	9
Glendale, Calif.	15	10	3	2	-	-	1
Honolulu, Hawaii	60	39	16	4	-	1	7
Long Beach, Calif.	139	90	24	12	4	9	15
Los Angeles, Calif.	348	196	72	49	21	5	6
Oakland, Calif.	72	47	11	6	3	5	4
Pasadena, Calif.	25	14	5	3	1	2	2
Portland, Oreg.	95	64	20	7	2	2	4
Sacramento, Calif.	150	93	43	6	3	5	13
San Diego, Calif.	151	110	31	3	4	3	13
San Francisco, Calif.	136	91	23	17	2	3	3
San Jose, Calif.	185	118	32	7	2	6	9
Seattle, Wash.	134	86	24	13	4	7	4
Spokane, Wash.	57	46	7	2	1	1	4
Tacoma, Wash.	34	17	14	-	2	1	1
TOTAL	11,669††	7,481	2,474	952	343	416	557

* Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

** Pneumonia and influenza.

† Because of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

†† Total includes unknown ages.

§ Data not available. Figures are estimates based on average of past 4 weeks.

Table V. Estimated years of potential life lost before age 65 and cause-specific mortality, by cause of death — United States, 1984

Cause of mortality (Ninth Revision ICD)	Years of potential life lost by persons dying in 1984*	Cause-specific mortality† (rate/100,000)
ALL CAUSES (Total)	11,761,000	866.7
Unintentional injuries§ (E800-E949)	2,308,000	40.1
Malignant neoplasms (140-208)	1,803,000	191.6
Diseases of the heart (390-398, 402, 404-429)	1,563,000	334.4
Suicide, homicide (E950-E978)	1,247,000	20.6
Congenital anomalies (740-759)	684,000	5.6
Prematurity¶ (765, 769)	470,000	3.5
Sudden infant death syndrome (798)	314,000	2.4
Cerebrovascular diseases (430-438)	266,000	65.6
Chronic liver diseases and cirrhosis (571)	233,000	11.3
Pneumonia and influenza (480-487)	163,000	25.0
Chronic obstructive pulmonary diseases (490-496)	123,000	29.8
Diabetes mellitus (250)	119,000	15.6

*For details of calculation, see footnotes for Table V, *MMWR* 1986;35:27.

†Cause-specific mortality rates as reported in the MVSR are compiled from a 10% sample of all deaths.

§Equivalent to accidents and adverse effects.

¶Category derived from disorders relating to short gestation and respiratory distress syndrome.

AIDS — Continued

among blacks than whites (separate values for Hispanics are not available since ethnicity was not recorded). Antibody seroprevalence rates were over 4 times higher for black military recruit applicants and over 7 times higher for black potential blood donors in one city than for whites (*6, 7*). However, the population of individuals volunteering for military service or blood donation may not be representative of the U.S. population at large.

Several factors may contribute to the elevated incidence of AIDS and HTLV-III/LAV infection among these racial/ethnic groups. The racial/ethnic distribution of AIDS cases may reflect, to some degree, the racial/ethnic distribution of the populations at risk in the high-prevalence areas. Persons at risk become so as a result of underlying risk factors, not because of their race/ethnicity. Reported AIDS patients who are IV drug abusers are predominately black (51%) or Hispanic (30%). Children with AIDS whose parents abuse IV drugs are also predominately black (51%) or Hispanic (31%). Population-based estimates of the racial/ethnic distribution of IV drug abusers in the United States are unknown. However, in September 1982, the National Institute on Drug Abuse (NIDA) surveyed all known drug abuse treatment

AIDS – Continued

Table 2. Percentage distribution of cases of AIDS among adults (age ≥15 years), by race/ethnic group, by selected transmission category, as of September 8, 1986

Transmission category*	Total number	Percentage			
		White†	Black†	Hispanic	Other†
For reference: U.S. population ≥15 years	175,254,960	81.4	10.6	5.7	2.3
Intravenous drug abusers not known to be homosexual	4,147	12.5	51.4	29.8	0.3
Intravenous drug abusers known to to be homosexual	1,881	64.1	22.1	13.6	0.3
Homosexual men not known to be IV drug abusers	15,765	74.3	14.8	10.2	0.7
Persons with hemophilia or other clotting factor disorder	197	86.3	5.6	8.1	0.0
Women whose sex partner was a bisexual man	51	47.1	35.3	13.7	3.9
Heterosexual persons whose sex partner was an intravenous drug abuser	253	14.6	47.8	37.6	0.0
Blood transfusion recipients	424	78.3	13.7	5.9	2.1
Undetermined (persons with no identified mode of acquisition)	833	35.4	43.7	19.6	1.3
Total§	**24,102**	**60.4**	**24.8**	**14.2**	**0.6**

*Cases with more than one risk factor (possible mode of acquisition), other than the combination of male homosexuality and intravenous drug abuse, shown only in the first applicable category listed.

†Non-Hispanic.

§The total includes a) nine AIDS patients who have had heterosexual contact with a person who had AIDS or who had a risk factor for AIDS, b) 525 AIDS patients without other identified risk factors who were born in countries in which heterosexual transmission is believed to play a major role, although precise means of transmission have not yet been fully defined (virtually all of whom are black, non-Hispanic), and c) 17 AIDS patients who had heterosexual contact with a person born in one of these countries (76% of whom are black, non-Hispanic). The total excludes 122 persons of unknown race/ethnic group.

AIDS – Continued

facilities in the United States to determine the racial/ethnic composition of the client populations using those facilities (*8*). The racial/ethnic distribution of clients in the surveyed clinics was 32% white, 40% black, 28% Hispanic, and <1% "other race" for clients in the New York City standard metropolitan statistical area (SMSA), and 41% white, 50% black, and 9% Hispanic in the Newark, New Jersey, SMSA. This survey indicates that in these SMSA's, which have reported two-thirds of the IV drug abusers with AIDS, a disproportionate number of IV drug abusers attending these clinics were black or Hispanic.

Economic and cultural factors may also be associated with the observed differences in incidence for racial/ethnic groups. For example, education and economics may play a role in

Table 3. Percentage distribution of cases of AIDS among children (age <15 years), by race/ethnic group, by selected transmission category, as of September 8, 1986

Transmission category*	Total number	Percentage			
		White†	Black†	Hispanic	Other†
For reference: U.S. population <15 years	51,290,339	73.3	14.6	9.1	3.0
Children with hemophilia or other clotting factor disorder	18	66.7	27.8	5.6	0.0
Children whose mother was an intravenous drug abuser	162	8.6	63.0	28.4	0.0
Children whose mother had a male sex partner who was bisexual	13	30.8	53.8	15.4	0.0
Children whose mother had a male sex partner who was an intravenous drug abuser	38	10.5	44.7	44.7	0.0
Children whose mother was known to be infected with HTLV-III/LAV but had no identified risk factor	11	9.1	81.8	9.1	0.0
Blood transfusion recipients	49	55.1	30.6	14.3	0.0
Undetermined (children with no identified mode of acquisition)	10	30.0	60.0	10.0	0.0
Total§	**350**	**19.4**	**58.3**	**22.0**	**0.3**

*Patients with more than one risk factor (possible mode of acquisition) are shown only in the first applicable category listed.

†Non-Hispanic.

§The total includes five children whose mothers' only identified possible mode of acquisition of HTLV-III/LAV infection was a blood transfusion, one child whose mother's male sex partner had received a transfusion, and 43 children whose mothers were born in countries in which heterosexual transmission is believed to play a major role, although precise means of transmission have not yet been fully defined (virtually all of whom are black, non-Hispanic). The total excludes two children of unknown race/ethnic group.

AIDS — Continued

the observed difference in needle-sharing practices and, therefore, in the HTLV-III/LAV infection rates among white, black, and Hispanic IV drug abusers. In a study of HTLV-III/LAV infection among IV drug abusers in New York City, the prevalence of antibody to HTLV-III/LAV was higher for black (42%) and Hispanic (42%) patients than for white patients (14%) who were drug abusers (*9*). Preliminary analysis of data from the same study indicates that a higher proportion of white patients (18%) than black or Hispanic patients (8%) reported using new needles at least half the time when they injected drugs. Black and Hispanic participants in the study reported having substantially fewer years of education and were more likely than white patients to receive public assistance. Further analysis of data from this study and further study of HTLV-III/LAV infection involving other IV-drug-abusing populations are needed to fully understand the reasons black and Hispanic drug abusers have higher rates of AIDS and HTLV-III/LAV infection.

Education and prevention programs may be less effective in reaching minority populations unless specifically designed for those groups. Targeted programs are needed for black and Hispanic men who engage in homosexual activity, and for blacks and Hispanics of either sex who are engaging in other high-risk behavior. One report has suggested that many blacks who engage in homosexual activity are bisexual, and that these men may not benefit from educational programs designed for homosexuals (*10*). Programs to prevent transmission of HTLV-III/LAV infection through heterosexual contact and perinatal exposure also need to consider that approximately 75% of heterosexual patients, 73% of women with AIDS, and 92% of children with perinatally acquired infection are black or Hispanic.

Until an effective therapy or vaccine is available, prevention of HTLV-III/LAV infection depends on education and behavioral modification of persons at increased risk (*11,12*). The U.S. Public Health Service has assisted and encourages involvement of minority professional and community organizations in providing education about AIDS and its prevention in black and Hispanic communities. Additional health-education/risk-reduction projects are needed to actively involve minority communities in the accomplishment of overall community AIDS risk-reduction activities.

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International Notes

Orthopoxvirus Infections

The World Health Organization (WHO) Committee on Orthopoxvirus Infections met in Geneva, Switzerland, March 24-26, 1986 (*1*). The following is a summary of some of the major topics discussed and several proposals for action drafted at that meeting.

Smallpox vaccination policy: All member states of WHO report that they have discontinued routine smallpox vaccination and that a certificate of smallpox vaccination from international travelers is no longer required in any country in the world. However, some countries continue to vaccinate military personnel; the Committee recommends that this practice be discontinued.

The original WHO recommendation for discontinuing smallpox vaccination was formulated before the development of techniques using modified (recombinant) strains of vaccinia virus as vectors (carriers) for the expression of antigens to protect against diseases other than smallpox. The WHO recommendation against smallpox vaccination does not apply to the use of vaccinia for immunization against diseases other than smallpox.

Reserve stocks of smallpox vaccine: Because nearly a decade has passed since the last case of endemic smallpox, the Committee felt that it is no longer necessary for WHO to maintain a global reserve of smallpox vaccine.

Investigation of suspected cases: Only 10 rumors of suspected cases of smallpox were reported to WHO in 1985. The Committee concluded that investigation of rumors in the future could be carried out by medical authorities of the member states of WHO.

Retention of variola virus stocks: Only two laboratories (the Centers for Disease Control, in Atlanta, and the Research Institute of Viral Preparations, Moscow, U.S.S.R.), still maintain stocks of variola (smallpox) virus. Neither laboratory plans to resume experiments involving the culturing of variola virus. The variola gene pool has been cloned into nonexpressing sites in bacterial plasmids to allow future study of the variola virus. The Committee's opinion is that it will not be necessary to retain stocks of viable variola virus after the cloning of DNA from variola has been completed, and recommends that remaining stocks be destroyed at that time.

Monkeypox: In 1985, 55 cases of human monkeypox were reported; all cases were from Zaire. WHO has sponsored intensive surveillance activities in a population of about five million people in Zaire. The incidence of human monkeypox is very low, and confidence is growing that the virus cannot sustain itself in human-to-human spread. The Committee recommended that WHO discontinue its direct involvement in monkeypox surveillance at the end of 1986.

Reported by International Health Program Office, Div of Viral Diseases, Center for Infectious Diseases, CDC.

Editorial Note: The last endemic case of smallpox occurred in October 1977 in Somalia. Two cases of smallpox occurred in the United Kingdom in 1978 associated with a smallpox research laboratory. The Committee on Orthopoxvirus Infections observed that in October 1987, 10 years will have elapsed since the last case of endemic smallpox—a more than adequate period of time to provide full assurance that naturally occurring smallpox will not recur.

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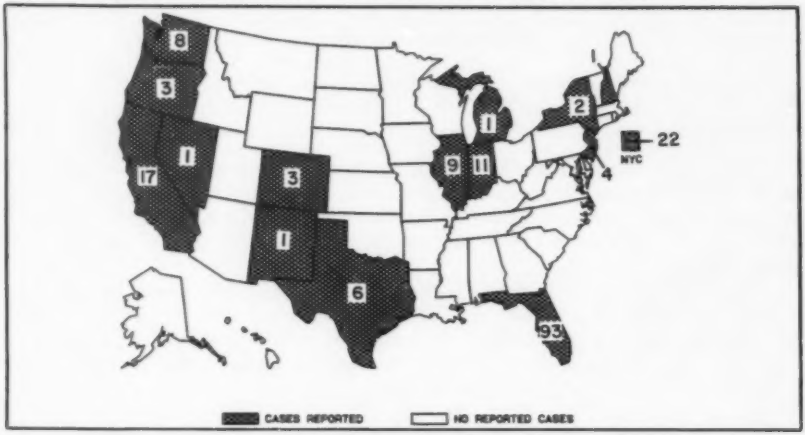
FIGURE I. Reported measles cases — United States, weeks 38-41, 1986



The *Morbidity and Mortality Weekly Report* is prepared by the Centers for Disease Control, Atlanta, Georgia, and available on a paid subscription basis from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, (202) 783-3238.

The data in this report are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday.

The editor welcomes accounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Such reports and any other matters pertaining to editorial or other textual considerations should be addressed to: ATTN: Editor, *Morbidity and Mortality Weekly Report*, Centers for Disease Control, Atlanta, Georgia 30333.

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☉U.S. Government Printing Office: 1987-730-145/40030 Region IV

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HEALTH & HUMAN SERVICES
Public Health Service
Centers for Disease Control
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HHS Publication No. (CDC) 87-8017

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